

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Bureau of Health Systems  
Division of Health Facilities & Services  
Substance Abuse Quality Assurance & Licensing Section  
P.O. Box 30664  
Lansing, Michigan 48909

## LICENSE CHANGE OF INFORMATION FORM

In order to maintain a valid substance abuse license, this form must be completed and submitted to the Substance Abuse Licensing Section prior to making changes in ownership, governing authority, location or merger. A license is **NOT** transferable. In accordance with Rule 325.14212 of the Administrative Rules for Substance Abuse Programs, non-compliance with this requirement is a violation.

When a change is anticipated, complete the applicable portion of this form, with signature, and submit to Substance Abuse Licensing Section. Provide a copy to your local substance abuse coordinating agency and retain a copy for your program files. Please note that certain changes require the completion of a new license application. If you have any questions, please contact the Substance Abuse Licensing Section at (517) 241-1970.

1. Complete the following information as shown on your current license or most recent license application.

LICENSE NUMBER \_\_\_\_\_ SUBMISSION DATE \_\_\_\_\_  
PROGRAM NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
COUNTY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ / \_\_\_\_\_  
Area Code

2. Indicate which changes will be made in your program. EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

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PROGRAM NAME \_\_\_\_\_

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STREET ADDRESS - REQUEST "CHANGE OF ADDRESS" FORM FROM STATE OFFICE

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TELEPHONE \_\_\_\_\_ / \_\_\_\_\_  
Area Code

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PROGRAM DIRECTOR \_\_\_\_\_

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PROGRAM OWNERSHIP: NEW APPLICATION REQUIRED - REQUEST FROM STATE OFFICE

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PROGRAM GOVERNING AUTHORITY: Total # of Members \_\_\_\_\_ # of New Members \_\_\_\_\_

If fewer than ½ new members, submit list of new members, their position, business address, contact phone number and whether they provide direct services to clients.

If more than ½ new members, must request new application from state office.

# O V E R

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MERGER WITH ANOTHER PROGRAM - Requires new application. Request from state office.

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ADDITION OF SERVICE CATEGORY(IES):

In order for your program to add services to your present license, it will be necessary for you to submit documentation of compliance with the administrative rules listed (under each service category) **BEFORE** a recommendation can be made.

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PREVENTION-CAIT  
Rules 501(1-3)

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INPATIENT-INTERMEDIATE CARE  
Rules 801, 802, 804, 806, 807, 808

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PREVENTION-PROBLEM ASSISTANCE  
Rules 521, 522 (1,3), 523, 524, 525, 526, 527,  
528, 529, 530 (1-2)

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RESIDENTIAL  
Rules 901 (1-2), 902 (1,3), 903 (2), 906,  
908 (1-2)

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CASEFINDING-ORGANIZATIONAL  
DEVELOPMENT  
Rules 621, 622, 623

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APPROVED SERVICE PROGRAM  
(NON-HOSPITAL DETOX)  
Rules 921 (1-2), 923 (1-3), 924 (1),  
925 (1-3), 926, 927 (6,7,10)

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CASEFINDING-SARF  
RULES 601 (1-4), 602

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OUTPATIENT-DRUG FREE  
Rules 701 (2,4) 702 (2), 711 (2-5), 712

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OUTPATIENT-METHADONE  
Same as Outpatient-Drug Free

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DELETION OF SERVICE CATEGORY. IDENTIFY:\_\_\_\_\_

**MUST BE SIGNED:**

I certify that the information contained herein is true and accurate. Supportive documentation will be furnished upon request of the Substance Abuse Licensing Section or the coordinating agency designated to serve my program's geographic area.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Program Director

Printed Name \_\_\_\_\_